

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 02/12/02.
  - b. The request was received on 06/26/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs-1500
  - c. Audits of Medical Charges
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the requestor's 14 day additional information on 08/02/02. The insurance carrier did not submit a response to the additional information. The carrier was notified by mail that the medical dispute was filed on 07/15/02. The case file does not contain a three day response from the carrier. The "No Information Found In Case File" sheet is reflected in Exhibit II of the Commission's Case File.
4. Notice of "Additional Information submitted by Requestor" is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 07/24/02  
"According to the above chart the \$106.25 was reimbursed for these codes in the first payment. Codes 27299-51 and 22899-51 are not listed in the fee guidelines, so the unlisted procedure code must be used. We feel we have billed these procedures fair and reasonable and they should not be considered global."
2. Respondent: No Response

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/12/02.
2. Per the provider's TWCC-60, the amount billed is \$1,350.00; the amount paid is \$106.25; the amount in dispute is \$1,243.75.
3. The carrier's Audit of Medical Charges includes no exception codes for CPT code 27299. The exception code on the carrier's Audit of Medical Charges for CPT code 22899 is "5 –G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure."
4. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS           | CPT or Revenue CODE  | BILLED               | PAID               | EOB Denial Code(s) | MARS       | REFERENCE                        | RATIONALE:   |
|---------------|----------------------|----------------------|--------------------|--------------------|------------|----------------------------------|--|
| 02/12/02      | 27299-51<br>22899-51 | \$850.00<br>\$500.00 | \$106.25<br>\$0.00 | None<br>G          | DOP<br>DOP | Rule 133.304 (c); CPT descriptor | In accordance with Rule 134.304 (c), the carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions and provide the requestor with sufficient explanation to allow the requestor to understand the reason for the denial.<br><br>Reimbursement in the amount of <b>\$1,243.75</b> |
| <b>Totals</b> |                      | \$1,350.00           | \$106.25           |                    |            |                                  | The Requestor is entitled to reimbursement in the amount of <b>\$1,243.75</b>  |

The above Findings and Decision are hereby issued this 21st day of November 2002.

Donna M. Myers  
Medical Dispute Resolution Officer  
Medical Review Division

DMM/dmm